

Japanese Medical Libraries*

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BETWEEN March 1 and April 7, 1962, I was fortunate enough to be able to visit twenty-four Japanese medical and university libraries, two libraries run by the USIA (American Cultural Centers), and the National Diet Library in Tokyo before beginning my teaching at the Japan Library School, Keio University. On these trips (see Appendix for the list of libraries visited) I ranged from Sapporo in the northern island of Hokkaido to Nagasaki in southern Kyushu and from the Pacific Ocean and the Inland Sea to the China Sea. During this time I was accompanied by either Mr. T. Sawomoto, Administrative Assistant to the Director, Japan Library School, or Mr. Y. Tsuda, Librarian, Kitasato Medical Library, Keio University, and Lecturer in Library Science at the Japan Library School, who acted as interpreters, guides, and general mentors.

In this discussion of my tour of Japanese libraries I shall stick entirely to professional topics, not to my impressions of Japan (the country, the customs, the food, the architecture, or the cultural life I encountered). I shall also not report by name upon the individual libraries I visited; such a report was made to the Director of the Japan Library School for his use. Here the names of specific libraries will be given only as examples of practices described in general terms.

BACKGROUND AND OVERALL IMPRESSIONS

Medical education in Japan has developed from different bases and in a different direction from medical education in any of the Western countries, and consequently medical libraries do not follow the pattern of any single Western country, but contain elements borrowed from a number of other countries, with Germany perhaps having the greatest influence. Japanese universities are somewhat like the medieval European "master's university" (e.g., Paris)—a group of teachers who come together for mutual benefit and elect for short periods such officials as are necessary for the administration of the corporate affairs of the group. Thus in a Japanese

* Presented at a meeting of the Midwest Regional Group, Medical Library Association, Lafayette, Indiana, October 26-27, 1962.

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university, deans, directors of the library, and other such officials are elected from the faculty by the faculty and serve for two to four years in these positions in addition to their regular duties as teachers. True power resides in the professors, who, acting as a committee of the whole, allocate portions of their own departmental budgets to such general aspects of the school as physical upkeep of the school plant, lighting, capital expenditures, the administrative office, and the library. Each professor is entirely autonomous in his own department, and, since his departmental budget (at least in national universities) does not come from the dean of his school but directly from the Ministry of Education through the president of the university, the central administration of the faculty of medicine has less control over the professor than is true in American universities. The strongest departments can, therefore, build up the largest departmental libraries without regard to the needs or collections of other departments. A key figure for the central offices (including the library) is the business manager of the school, who stays permanently, who aids in the development and disbursing of the budget, and who has much power in the allocation of the moneys voted by the faculty.

Medical students are selected by rigid examinations, after what Americans would consider the second year of college. Only about one out of every eight applicants is accepted and begins the six-year course of two premedical years, two preclinical years, and two clinical years, after which he receives a year's internship. The instruction the student receives is based largely on the didactic lecture and the authoritarian textbook and to a lesser extent on the student laboratory. It has been said that the Japanese student is taught to read but not to think; certainly little in his curriculum in most medical schools requires the Japanese medical student to use a library extensively.

From the foregoing it should not be a surprise to learn that Japanese medical libraries play a much smaller role in the life of students, faculty, and research workers than do their American counterparts. Because libraries are considered relatively unimportant academically, they generally receive little financial and other support; because of meager support they cannot attract the caliber of staff they need or purchase the materials they need. As a result their collections are often weak and their methodology primitive. In turn they are of comparatively little aid to users, and so they become even less important. To break this vicious cycle, changes must be made in many different parts of the system: the teaching methods must change to develop the questioning mind, the budgets must be allocated differently, better staffs must be recruited, modern business and library methods must be introduced, and greater services must be offered to the professors who must give up some of their power if the depart-

mental libraries are deposited in the central medical school collection. Although the changes needed are many and fundamental in nature, it is encouraging to see evidences of them in a few medical schools, notably Keio, Osaka, Tohoku, and Tokyo.

RELATION OF FACULTY AND STUDENTS TO THE LIBRARY

The foregoing has explained somewhat the relation of faculty and students to the library. The faculty members tend to use first of all the libraries in their own departments and go to the central medical library only after exhausting the local collection and only for material of a general nature not likely to be held by any one department. Since most of the departmental libraries are locked up in or near the office of the head of the department, there is a natural reluctance on the part of the younger staff members to bother the chief to use the literature. The better young workers on the staff are, therefore, the most dissatisfied and the ones who would most like to see the western library system installed, but they have the least power.

Students, when they are admitted to the central medical library at all, are generally treated as unwanted intruders. Separate reading rooms are maintained for faculty and for students, and the students' room is often ugly, uncomfortable, and crowded. Most of the books are locked up, and students must request in writing and sign for each book consulted. A custom curious to an American is that donations are always kept together as a group. Since the donations of the China Medical Board and the Rockefeller Foundation often represent the only really up-to-date Western textbooks available to the students, it is discouraging to find them often locked up out of student reach (in one place carefully preserved in book-cases about ten feet from the floor and lying on their sides). Since the librarians are theoretically responsible for all lost books and their salaries are extremely low, it is understandable that some of them are more interested in the safekeeping of their collection than in its use.

PHYSICAL QUARTERS

Medical schools of the kind I visited began to be founded about the turn of the twentieth century; consequently no school has buildings older than about sixty to seventy years. Most of them, indeed, are in buildings erected in the 1920's and 1930's, while a few (notably Tokyo and Osaka) are in brand new buildings. Kobe is in the process of erecting its new library building, and Nagasaki is studying the plans for its library. Many libraries received varying degrees of damage during the war, but only Nagasaki, whose medical school was close to ground zero in the atomic bombing, lost its building, its collection, and its staff in one moment.

Because of the volcanic basis of Japan, which results in frequent earth-

quakes, buildings tend to be only two or three stories high; consequently in many places each department of the medical school has its own small building, and the distance from one end of the campus to the other is considerable. This fact has significance for the possible development of central medical libraries, which (being distant from many departments, no matter where situated) must expect to be in competition with close-at-hand departmental collections.

Most library buildings in Japan are not centrally heated; stacks are generally not heated at all. The charcoal braziers, coal stoves, and gas and electric heaters used do not diffuse an even heat, so that the temperature varies greatly in different parts of the room; someone must always be attending to making, keeping up, or cleaning out the fire; and a layer of fine charcoal or coal dust is found on many collections. The problem of the very high humidity of Japan and the consequent development of mildew on books is handled in the better libraries by placing dehumidifiers in the stack aisles. This appears to be the only special care given to the collection, rare books and all. Dust, glaring sunlight, overcrowding, and lack of binding all tend to damage the works brought together in the libraries.

On the happier side it should be noted that the lighting in most Japanese libraries is excellent and that shelving developed by the Nippon Filing Equipment Company is very good for storing flat and for providing grips by which the shelves can be moved around with ease.

Because the Japanese seem to prefer muted colors to vivid contrasts, most medical school and library buildings are constructed of gray or tan concrete which fades, and most furnishings are drab and colorless. In addition, the general rule of paying for the construction of a building but not for its upkeep and the general lack of community "good citizenship" in Japanese public buildings result in unclean structures badly in need of paint and repair, even when the building may be only ten to fifteen years old. The general tendency seems to be to build a new building at short intervals, rather than to keep an already existing building in good repair—and this in a country whose shrines, temples, and feudal castles are hundreds and thousands of years old!

Most library buildings were designed before the introduction of present library methods, and consequently work areas are not arranged efficiently for today's jobs. The traditional use of library offices to make tea, hang up wet towels, and pile up personal belongings, used milk bottles, and the like leaves the western visitor unsure if he is in a workroom or in the staff locker room and raises in his mind the serious question of the pride (or lack of it) which the Japanese librarian has in his work and in the surroundings in which he spends the majority of his waking hours.

Many new medical libraries are being planned or built in Japan now,

often with the help of the China Medical Board and the Rockefeller Foundation, and it is hoped that these new buildings will be more functional than the existing ones. The ones on whose plans I was asked to comment seemed to be heading in the right direction, though occasionally part of a new building seemed to me to be making rigid an already existing difficulty. It is also to be hoped that the pride in a new building will do away with some of the less beautiful aspects of present-day Japanese libraries.

COLLECTIONS

The collections vary greatly in size and quality. The medical school at Nagasaki, as previously mentioned, was completely wiped out by atomic bombing and is just struggling to rebuild its collection, while such places as Tokyo, Osaka, and Kyushu have extensive collections. Figures reported for such collections, however, may be misleading, since departmental collections and the main library are often lumped together, and the departmental collections may be five or six times as large as the central one. In general a central collection of more than 50,000 volumes is unusual, although a few places (Osaka, Tokyo, Keio, e.g.) may range up to 150,000 volumes. Since some main libraries are collections of journals only and some are collections of monographs only and some contain both, comparison among the libraries is difficult. The budget of the library is based to a large extent on the size of the collection; moreover, in governmental libraries getting rid of a volume is very difficult. The tendency, therefore, is to keep all duplicates and all superseded works, and a large collection may not be as good as some smaller, well-selected ones.

In almost no libraries are the librarians allowed to choose the books and journals to be added to the collection; this is done by the department heads, who generally bear the cost of the purchase. Under this system reference tools and works of a general nature are not collected extensively, but only when a professor can be made to agree to pay for the work. But since the librarians do not and often can not give more than stockroom service, this system is not a hindrance to the running of the library. The contrast between the reference collection of the usual Japanese medical library and that in the library of the Atomic Bomb Casualty Center in Hiroshima, run on American lines by an American-Japanese librarian, is particularly striking. The bringing together of the keys to the literature in a separate, fairly large room at Tohoku should also be noted, because it is so unusual.

The ratio of Japanese to Western literature also varies considerably from library to library, being dependent upon whether the library is meant to be used mostly by students (in which case Japanese literature

predominates) or by the faculty (in which case 70 to 75 percent of the total might be in foreign languages).

PERSONNEL PRACTICES

The personnel practices in Japanese libraries cannot be understood without some knowledge of general Japanese social beliefs and customs. The importance which is attached to chronological age, to relative age within the group (seniority), and to "face" cannot be overestimated. Even people who are the most westernized and apparently the most desirous of change are influenced unconsciously by their upbringing and cannot flout these factors without very definite guilt feelings.

A second important factor is the relative cheapness of human labor and the relative expensiveness of machines, which lead to widespread work inefficiency and (from an outsider's point of view) to excessive burdens on society's coffers. On one hand is the spectacle of minute individual salaries; on the other, the excessive cost of total salaries.

Still another factor which influences personnel practices in Japan is the great weight of the federal government on conditions of employment; this hampers the free use of people and the logic of work much more than do the rules of the American or British civil services.

Because of these and other factors, most Japanese libraries have many more people on their staff than would similar Western libraries, yet they produce less work. Promotion is almost always by seniority alone, without regard to ability, and salaries are usually based entirely on length of service and not on the difficulty of the jobs performed or on the effectiveness of the person performing them. In addition, the salary range between the lowest paid worker and the highest paid worker is so small there is no incentive to become a supervisor or the chief, with all the attendant problems such a promotion brings. The devotion to their job, which I noticed in many chief librarians, is, therefore, greatly to their credit in view of the enormous difficulties under which they work.

When seniority rules bring to the top an incompetent person, the difficulty of removing him and the desire to save his "face" usually result in an attempt to solve the problem by hiring an additional person for the staff. Naturally this only compounds the problem at a higher cost, since it brings administrative and morale problems when the titular head and the actual head are different or when the orders of the head are disregarded and no one else gives orders.

Japanese librarians are by government decree clerical workers and not professionals, and consequently people of all levels of education are appointed at the same clerical salaries. This confusion is doubled by the fact that distinct levels of jobs are not differentiated within the library. For

the most part everyone is expected to do everything and know everything, and the same tasks are assigned to the trained librarian, the specialist in ancient Chinese and Japanese, and the high school graduate. The work tends thus to be badly done, and the user of the library gets no idea of the difference between an educated and trained library worker and one who is not so. Since the status of librarians in the community and perhaps also their salary (though these need not go together, as witness the status and salaries of Western clergymen) must come from the users of their library services, it is unlikely the public will think of a librarian as a scholar and business executive until a change is made in this system of undifferentiated labor.

TECHNICAL SERVICES

Since I am not a specialist in the field of technical services, my remarks here can only be descriptive; from a generalist with some intelligence, perhaps, and probably not evaluative.

As mentioned previously, books and journal titles are acquired in a very haphazard manner, as the professors order material. Many journals are received on exchange for the school's own journal, whose circulation and exchange are handled by the library—often at a cost greater than would be required to subscribe to the journals at list price. (Most schools publish two journals, one in Japanese and one in a foreign language, and I was told that the best articles are sent to the Japanese title, not to the Western one.)

Speed appears rarely to be the goal of Japanese medical libraries, with notable exceptions, even though in some places the faculty complains about delays. In one university agricultural library it takes a month for journals to reach the shelves; in another university medical library the orders for books and the books themselves, with and without catalog cards, perform a stately dance through many buildings and on many desks before they reach their ultimate location in the departmental collections for which they were ordered months earlier.

For the most part medical books are classified by the Japanese modification of the Decimal system and cataloged by rules very like the ALA-LC ones. The National Diet Library sells printed cards for Japanese books it receives, but almost no Japanese library purchases them. (There are fewer than one hundred subscribers to the Diet Library cards.) Most libraries maintain an author-title catalog and a shelflist catalog; rarely is there a subject catalog, and I never saw a real classed catalog. Japanese material may be listed in a catalog separate from Western material, or the Japanese entries may be transliterated into the Roman alphabet by one of a number of schemes and interfiled with the Western ones. When a purely Japanese

catalog is maintained, an arbitrary alphabetical scheme is used, which is based on phonetic sound, so that, for example, all words beginning with the sound "a" are filed together, although there may be several characters which can be read "a." (In that case the characters are arranged from the one requiring the fewest number of strokes to the one requiring the greatest number of strokes.)

Because so much of the medical literature is in languages other than Japanese, catalogers must be chosen first on the basis of their knowledge of foreign languages and then on their knowledge of cataloging.

Binding appears to be in a state of flux at the moment, changing from a handwork craft to one of machine work. Everywhere I heard complaints about how the older generation of hand binders was dying out and younger men were not entering the field. Nowhere in Japan, apparently, is there a good, large-scale machine bindery, and many schools have employed binders full time for their own collections, although miniscule binding budgets make it impossible to protect all the works needing binding. What good binding can be done in Japan when the budget, the knowledge, and the books come together was shown to me at the rare herbal collection of the Takeda Pharmaceutical Company in Osaka, whose president has made this collection his hobby. But few medical libraries can afford such care for their works.

Photography and baseball are the mass hobbies of Japan, I am convinced. I was never asked to pitch or umpire, but certainly more pictures of me were taken during this trip than throughout the rest of my life put together. Japanese libraries make many more photocopies of all kinds than do similar libraries in the Western world, and their equipment and results are first-rate. Simple electrostatic copying machines, such as Xerox, have not yet appeared in Japan, but when they do, I believe they will be received enthusiastically.

REFERENCE SERVICES

This is easy to report on. Except in a few libraries which are making efforts to collect a reference collection and train a few people to use it, little or no reference service in the Western sense is offered. Statistics referring to reference service in library reports generally refer to books circulated, it turns out, though a general caution about Japanese library statistics should be given. Data are collected voluminously (and I suspect often inaccurately), but frequently different groups of them do not add up to a given total, some sections contradict other sections, and (worst of all) the data are not used by the administrators for whom, presumably, they were collected. This glorified "busy work" has the merit, however, of keeping the swollen staffs working at something.

CONCLUSIONS

A surveyor always brings to the field being surveyed his own culture, prejudices, beliefs, and backgrounds and, being unable to discard them, can only hope that he is aware of this fact when making his survey. As P. G. Collingwood has noted (*Idea of History*, Oxford, University Press, 1946, p. 231-249), ". . . the historian himself . . . is a part of the process he is studying, has his own place in that process, and can only see it from the point of view which at the present moment he occupies within it." To an American librarian there is much about Japanese medical libraries that could be improved—so much that it is hard to know where to recommend beginning. But such a statement implies a belief in the absolute, the "good" quality of the American system of society, which puts great emphasis on working efficiently, on getting ahead, on trying new ways, on dividing up work along certain lines, on brashness, on educational backgrounds as social and economic arbiters, and on the substitution of machines for people. The whole American society is imbued with such goals, and naturally American medical education reflects them; just as naturally American medical libraries reflect American medical education and practice.

But who is to say whether the Japanese system of deference to elders, preserving the dignity of another human being at all costs, providing a work milieu with less frenetic pressures than the American one, or teaching by the authoritarian rather than the permissive method might not turn out better balanced, calmer, kinder, politer, and just as knowledgeable people as our own? Certainly it is not up to a foreigner to recommend such drastic changes in a country's whole way of life. The decision to keep the present system or change to a new one must come from the will of the people concerned, and, if change is to be sought, it must occur throughout the system, not just in one portion of it, the libraries.

The many libraries, librarians, and directors of libraries who wished to see changes in the present situation and the fact (which I gathered in many places) that medical libraries today are much better than they were twenty or twenty-five years ago are hopeful and wonderful signs. The new crop of young librarians everywhere look to the future hopefully. This is as it should be.

In the meantime, they can make even the present system more useful to society if they are willing to give the necessary time and energy to it. Everywhere I went on my trip I saw some people who were determined to do the best that could be done within the confines of their system, changing what could be changed, modifying what could be modified, and interpreting rules in a way to bring about the desired goals. This makes me leave Japan with hope for the future. I should like nothing more than to return

in ten years and see what changes have been wrought by the ferment of these people's examples and by the leadership of the Japan Library School and the Japan Medical Library Association.

ACKNOWLEDGEMENTS

I owe much thanks to all the librarians, directors of libraries, and other officials of the schools I visited for their courtesies and thoughtful kindnesses beyond the call of duty. To Mr. Sawomoto and Mr. Tsuda I am even more indebted for the success of the entire trip, and to Mr. Anzai for the difficult preliminary arrangements he made. Trying to shepherd a foreigner with a very different background through the mazes of Japanese life is always difficult; when that foreigner is like a child in the number and extent of questions asked and in her lack of knowledge of normal Japanese life (such as how to eat with chopsticks and the correct way of bowing or exchanging calling cards), the shepherding can be a chore. Mr. Sawomoto and Mr. Tsuda bore up nobly under this burden, and I return to them my great appreciation and thanks.

The insights I obtained on this trip into the problems of medical libraries in Japan made it possible for me to teach at Keio University with much more relation to actuality than would otherwise have occurred. I am grateful to Dr. Dorothy Parker of the Rockefeller Foundation for realizing the necessity for such a trip and arranging for the necessary funds and to the Japan Library School for carrying the plan through so efficiently and pleasantly.

APPENDIX

LIBRARIES IN ORDER VISITED

Keio University Library, Tokyo; Keio University Medical Center Library, Tokyo; Tokyo University Library, Tokyo; Tokyo University Medical Library, Tokyo; Hokkaido University Library, Sapporo; Hokkaido University Medical Library, Sapporo; Sapporo Medical College Library, Sapporo; Hokkaido University Faculty of Agriculture Library, Sapporo; Tohoku University Medical Library, Sendai; Tohoku University Library, Sendai; Nagasaki University Medical Library, Nagasaki; Kyushu University Medical Library, Fukuoka; Kyushu University Agriculture Library, Fukuoka; Hiroshima University Medical Library, Hiroshima; Atomic Bomb Casualty Commission Library, Hiroshima; Okayama University Medical Library, Okayama; Kyoto University Library, Kyoto; Kyoto University Agriculture Library, Kyoto; Kyoto University Medical Library, Kyoto; Osaka University Medical Library, Osaka; Takeda Pharmaceutical Industry Co. Library, Osaka; Kobe Medical College Library, Kobe; Nagoya University Medical Library, Nagoya; Nagoya Municipal University Medical Library, Nagoya; National Diet Library, Tokyo.